Proceedings of the

South Carolina Tobacco Policy Forum

March 22-25, 2004
Hickory Knob State Resort Park
McCormick, South Carolina

Introduction

This document represents a compilation of the dialogue and proceedings at South Carolina's first tobacco policy forum held in the spring of 2004. Highlights of discussions and detailed answers to certain questions raised during the forum are included within the text.

In the appendix of this document, you will find new, revised model policies for tobacco-free schools, worksites, faith communities, healthcare facilities, and recreation facilities. We are pleased to inform you the model policy for faith communities is the first of its kind in the nation.

Acknowledgements

A special thank you is extended to all of the participants and especially our panelists for taking time out of their busy schedules to participate in the forum.

We would also like thank our facilitator Jim Neal, a long-time consultant and advocate for tobacco prevention and control, for leading the development and implementation phases of this forum in a most efficient and professional manner. His guidance not only helped us ultimately produce this document but also assisted us in learning and reaping all possible benefits throughout the entire process.

Table of Contents

Preface

On Monday, March 22, 2004, twenty-four individuals from throughout South Carolina gathered at Hickory Knob State Resort Park to participate in South Carolina's first tobacco policy forum. These individuals, who are viewed as leaders in their fields, were invited to participate in the forum by the South Carolina Tobacco Collaborative and the South Carolina Department of Health and Environmental Control (DHEC). Appendix I provides a listing of all participants. Modeled after the American Assembly established by Dwight D. Eisenhower at Columbia University in 1950, the South Carolina Tobacco Policy Forum involved participants in highly interactive "dialogue sessions" through which they examined in depth a variety of policy approaches to tobacco control.

The South Carolina Tobacco Policy Forum was designed to accomplish several objectives: (1) to promote networking among leaders in tobacco control from throughout South Carolina; (2) to assist leaders in reaching conceptual clarity on key issues related to policy approaches for tobacco control; (3) to assist leaders in reaching consensus on these key issues; and (4) to develop a consensus on tobacco that would become part of "Saving Lives Through Public Policy: A Resource/Action Guide for Tobacco Policy Change in South Carolina."

The participants prepared by reviewing various publications related to tobacco, including "Saving Lives Through Public Policy: An Environmental Approach to Tobacco Prevention and Control," "Advancing Tobacco Control Through Evidence-Based Programs," "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction," and "New Directions for Public Health," an executive summary of Policy and Environmental Change.

During the opening session, participants were welcomed by Oscar F. Lovelace Jr., M.D., president of the South Carolina Tobacco Collaborative, who discussed the need for effective policy approaches to reduce tobacco-related problems in South Carolina, and by Sharon Biggers, director of the Division of Tobacco Prevention and Control at DHEC. Next, the participants received orientation by James A. Neal, a consultant and long-time advocate for tobacco prevention and control initiatives in this state and beyond. Finally, participants heard a panel presentation on the challenges of effective policy approaches to tobacco control, featuring American Cancer Society's Lisa Turner, director of state tobacco initiatives; American Lung Association's Greg White, vice president of the South Carolina Lung Association; and DHEC Division of Tobacco Prevention and Control's Katy Wynne, Ed.D., cessation and health policy consultant.

According to Peter Senge, author of T*he Fifth Discipline: The Art and Practice of the Learning Organization*, the discipline of group learning starts with "dialogue" - the capacity of members of a group to suspend assumptions and emerge into a genuine "thinking together process." To the Greeks, "dia-logos" meant a free flowing of meaning through a group, allowing the group to discover insights not attainable individually. "Dialogue" differs from the more common "discussion," and is literally defined as a heaving of ideas back and forth in a winner-takes-all competition.

Although the practice of dialogue has been preserved in some cultures, it has been almost completely lost to modern society. For this reason, participants were encouraged to follow the principles and practices of dialogue to establish the following norms during each of the sessions:

+ suspend assumption and judgment;
+ accept one another's experiences as true and real for them;
+ work to understand one another's experiences and perceptions, rather than debating them;
+ allow moments of silence;
+ balance speaking from the "head" with speaking from the "heart"; and
+ listen carefully to what others have to say.

Each time the dialogue groups met, participants volunteered or were elected to serve as:

+ a facilitator - to assist the group with identifying the task and keeping the dialogue on track;
+ a reporter - to record key points of dialogue on issues, to review the key points at the close of each session, and to submit copies of the key points to the proceeding drafters;
+ a process observer - to assist the group with staying on task;
+ a timekeeper - to remind members of the time remaining in the session; and
+ an ambassador (optional) - to carry messages to the other group.

Each group reporter captured the consensus of the group on issues related to the topic. In addition, participants were asked to modify the questions contained within the dialogue framework to reflect new input or issues not covered. Reports from both groups were synthesized into one proceeding and reviewed by all participants at two designated times during the week.

The final session culminated with Renee' Martin, South Carolina Tobacco Collaborative, state coordinator, leading the participants in a call-to-action. At this time discussion focused on implementation of the recommended state- and local-level policy approaches.

The following is the consensus document of the forum. Although not all participants expressed agreement with all recommendations, the document represents consensus as achieved through the group dialogue process.

Group Consensus and Recommendations

The keynote presentations and background materials presented numerous key issues for dialogue, which were broken down into two general areas: (1) achieving conceptual clarity on key terms and strategies related to tobacco policy; and (2) reviewing and developing model policies for five specific areas: schools, worksites, healthcare facilities, faith communities and recreational settings. Following is the group's consensus and recommendations for action on key issues that fall within each of these two categories.

Achieving Conceptual Clarity

Question 1: Is there conceptual clarity on what is meant by the terms "tobacco control," "tobacco prevention" and "nicotine dependence"? Please define each term. What are the implications of each of these terms for policy approaches?

Participants recognized "tobacco control" as the most global of the three terms, and acknowledged even those who work in the field do not always use the term consistently. Some concern was expressed that the word "control" can be misinterpreted by policymakers and others when used to define the comprehensive nature of efforts to reduce tobacco use and related problems. They further recognized that this misinterpretation might have the potential to polarize the public and/or policymakers who might view these efforts as a form of government infringement upon an individual's civil liberties.

Despite this potentially negative connotation, participants agreed that the term "tobacco control" denotes a comprehensive approach to reducing the negative impact of tobacco use. In addition, it was agreed a comprehensive tobacco control program should use evidence-based strategies and programs in a systematic, multi-level approach that includes: cessation, policy development, reducing exposure to environmental tobacco smoke, prevention, and evaluation. Participants agreed that all of these activities should be collaborative in nature; involve a network of partners at the state and community levels; place emphasis on specific high-risk populations; and address the ethnic and cultural needs of the target populations.

Participants agreed that the term "tobacco prevention" refers primarily to efforts to stop the initiation of use among youth and others and is one component of a comprehensive approach to tobacco control. Participants expressed concern that the term "prevention" is inaccurately perceived as being only "feel good" activities. They recognized some policymakers believe that certain tobacco prevention activities, such as media campaigns or school curricula, are the most effective prevention strategies, however they often fail to understand the need for broader policy approaches to restrict availability or access to tobacco products.

Participants felt the term "nicotine dependence" is useful in capturing the clinical orientation of the drug's addictive nature, making it more acceptable to the medical and health finance community, increasing the likelihood of insurance and Medicaid coverage for cessation programs. However, some participants expressed concern the term "dependence" is often perceived as a softer term than "addiction," which could lead to the misperception of nicotine dependence as a less serious problem than addiction to other drugs.

Question 2: Is there conceptual clarity on what is meant by the term "policy approaches to prevention"? Please define.

The participants defined "policy approaches to prevention," as the implementation of evidence-based strategies, such as laws, regulations, compliance checks and others, to reduce the initiation of tobacco use. Participants also defined policy approaches as environmental as opposed to individual in nature. It was recognized that these approaches typically include issues such as reducing access to tobacco and reducing exposure to environmental tobacco smoke. In addition, they recognized that policy approaches to prevention typically involve community action and impact a larger target population through changing systems, laws and/or norms.

Question 3: Is there conceptual clarity on what is meant by the term "policy approaches to tobacco control"? Please define.

Participants defined "policy approaches to tobacco control" as the implementation of evidence-based strategies, such as laws, regulations, compliance checks and others, to reduce the impact of tobacco use and alter community norms that encourage use.

Question 4: What challenges and opportunities face the South Carolina Tobacco Collaborative as it focuses on policy approaches to tobacco control?

The following challenges were identified by the participants:

+ limited resources;
+ a lack of support from key policymakers;
+ lack of visibility;
+ limited capacity to mobilize the general public;
+ the public's resistance to change;
+ resistance among tobacco promoters/producers;
+ federal and state restrictions on efforts to advocate for public health policies;
+ ineffective laws that limit access and availability;
+ lack of consensus among all the organizations that work in tobacco control about the best strategies to use;
+ competing health interests that draw resources and attention away from tobacco;
+ lack of recognition on the part of the medical community of tobacco's role in many fatal diseases, which results in an underreporting of the scope of problems caused by use;
+ lack of accurate epidemiological data on which to plan interventions;
+ unsupportive political viewpoints; and
+ the public's perception of the economic benefits associated with the production and use of tobacco products.

Participants identified the below listed opportunities and recommended that the organization should:

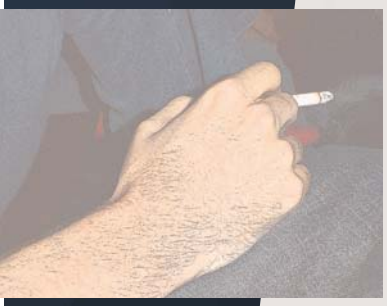
+ capitalize on the "smoke-free" Charleston initiative;
+ find ways to access the energy of existing youth advocates;
+ capitalize on the shift toward healthier lifestyles including smoke-free environments;
+ build upon successful school initiatives;
+ enhance collaboration and engage nontraditional partners in these efforts;
+ strengthen community capacity to support comprehensive tobacco control;
+ increase the visibility of tobacco-related issues;
+ build upon this and future policy development opportunities; and
+ identify evidence-based approaches and disseminate findings.

Question 5: The South Carolina Tobacco Collaborative has been asked by state and federal partners to address one or more policy goals from the following three areas: Preventing Initiation of Tobacco Use Among Youth, Promoting Cessation Among Youth and Adults, and/or Reducing Exposure to Environmental Tobacco Smoke (ETS), also known as secondhand smoke. Review the environmental policy strategies in the handout titled "Overview of Evidence-Based Approaches to Underage Tobacco Use Prevention." Reach consensus on which of these environmental policy strategies address the three policy goals identified above.

Participants identified the following evidence-based environmental strategies as potential ways to prevent the initiation of tobacco use among youth:

+ increasing prices through excise taxes;
+ school policies;
+ school-based prevention curricula;
+ sponsoring media campaigns, media advocacy and counter-advertising activities;
+ community sponsorship of tobacco-free activities for youth;
+ parent coalitions;
+ controlling placement of tobacco advertising;
+ restricting in-store product placement;
+ prohibiting tobacco sponsorship of public events;
+ vigorous use of compliance checks;
+ community support for enforcement;
+ merchant education;
+ smoke-free homes;
+ graduated sanctions for merchants who violate the law;
+ enforcement of existing laws;
+ requiring sellers to be a minimum of 21 years of age;
+ enforcing penalties for the possession or use of false identification;
+ enforcing penalties for adults who purchase tobacco for minors;
+ providing conditional use permits for tobacco outlets;
+ controlling the number and density of outlet locations;

However, participants failed to reach consensus on whether posting shoplifting warning signs, controlling hours of sales, or prohibiting or controlling tobacco use in public places as effective ways to prevent the initiation of tobacco use among this population. In addition, participants failed to reach consensus on which evidence-based environmental strategies are effective in the area of promoting cessation among youth and adults. While some felt that none of the previously identified evidence-based approaches would have a direct impact on cessation, others identified the following strategies as beneficial:



+ vigorous use of compliance checks;
+ graduated sanctions for merchants who violate the law;
+ enforcement of existing laws;
+ increasing prices through excise taxes;
+ prohibiting or controlling tobacco use in public places;
+ sponsoring media campaigns, media advocacy and counter-advertising activities;
+ community sponsorship of tobacco-free activities for youth;
+ parent coalitions;
+ smoke-free homes;
+ school policies; and
+ school-based prevention curricula.

A consensus was not reached on which evidence-based environmental strategies are effective in reducing exposure to ETS. Specifically, participants agreed that strategies to prohibit or control tobacco use in public areas and efforts to adopt voluntary smoke-free policies for homes would have a direct impact on reducing exposure to ETS. However, they failed to reach consensus on whether other strategies would be beneficial. While some felt that none of the other evidence-based approaches would have a direct impact on ETS exposure, others identified the following strategies as beneficial:

+ increasing prices through excise taxes;
+ sponsoring media campaigns, media advocacy and counter-advertising activities;
+ community sponsorship of tobacco-free activities for youth;
+ parent coalitions;
+ smoke-free homes;
+ school policies; and
+ school-based prevention curricula.

**Editor's Note: All of the approaches mentioned in Question 5 are evidence-based, but they have demonstrated varying degrees of effectiveness for reducing tobacco use. The reader should refer to the original article titled "Overview of Evidence-Based Approaches to Underage Tobacco Use Prevention" for additional information about the effectiveness of these strategies.*

Question 6: Are there other evidence-based policy approaches in addition to the above three areas that are not included in the handout? If yes, please identify and add to the above list. (Evidence-based means that the strategy - at a minimum - has been evaluated, and the results have been published in a peer-reviewed journal or a similar strategy has undergone evaluation and review.)

While participants failed to identify any additional policy approaches to prevent the initiation of tobacco use among youth, they recognized that some of the previously identified environmental strategies could be enhanced to promote cessation among young people and adults. Specifically, participants felt that tobacco-related school policies could include cessation services, and media campaigns could focus on promoting cessation programs, promoting the state's "Quitline" (a telephone-based smoking cessation counseling service), or advocating an excise tax. Participants also recommended that the following policy approaches should be added to the list of strategies to promote cessation among youth and adults:

+ increasing insurance and Medicaid coverage for treatment;
+ increasing access to worksite wellness programs (including possible incentive programs);
+ promoting use of the state's "Quitline";
+ increasing access to pharmacotherapy; and
+ encouraging the medical community to use the "Clinical Practice Guideline for Treating Tobacco Use and Dependence," a publication of the U.S. Department of Health and Human Services.

Participants felt some of the previously identified environmental strategies could be enhanced to reduce exposure to ETS. Specifically, they recommended the following:

+ broadening the types of public areas that should adopt tobacco-free policies to include recreational facilities;
+ broadening efforts to adopt voluntary smoke-free policies for personal vehicles, as well as homes;
+ broadening the types of schools that should adopt tobacco-free policies to include colleges and universities; and
+ promoting vigilant enforcement of all existing environmental policies.

In addition, some participants recommended that the following policy approaches should be added to the list of environmental strategies to reduce exposure to ETS:

+ increasing Occupational Safety and Health Administration's and the Environmental Protection Agency's focus on ETS issues;
+ eliminating preemption as a barrier to local government authority to enact ordinances to create smoke-free public areas;
+ enforcing the Pro-Children Act; and
+ increasing insurance incentives to worksites that offer tobacco cessation programs.

Question 7: From the list of strategies above, prioritize three that the South Carolina Tobacco Collaborative should target for action during the next year.

Participants recommended the following four policy approaches as priorities:

+ increasing excise taxes on cigarettes;
+ increasing the number of smoke-free places (e.g., bars, restaurants, faith-based organizations, schools, hotels, businesses, colleges/universities, child care facilities, elder care facilities, healthcare facilities, recreational settings);
+ encouraging the healthcare community to use the "Clinical Practice Guideline for Treating Tobacco Use and Dependence"; and
+ promoting the availability of the state's "Quitline."

Question 8: Identify a minimum of three indicators of success (measurable action steps) for each of the four prioritized strategies from the perspective of the South Carolina Tobacco Collaborative and then from the perspective of a local tobacco coalition.

As noted above, participants recommended four priorities to address at the state and community level through its network of local tobacco coalitions. Following are the four strategies, along with the participants' recommendations for indicators of success:

Strategy	State-Level Indicators	Coalition-Level Indicators
1. Increase excise taxes	◦ Introduce legislation ◦ Engage state-level partners ◦ Increase legislative support	◦ Identify local champions with access to legislators ◦ Engage local partners ◦ Build awareness of legislation
2. Increase the number of smoke-free places	◦ Increase awareness of the danger of ETS ◦ Conduct survey to collect baseline data ◦ Develop resource guides for use by local coalitions ◦ Develop methods to monitor enforcement	◦ Increase awareness of the dangers of ETS ◦ Conduct survey to collect baseline data ◦ Engage local coalition partners, including youth, in training to promote smoke-free places ◦ Increase the number of existing smoke-free policies or ordinances that include signage ◦ Implement methods to monitor enforcement
3. Promote use of "Clinical Practice Guideline for Treating Tobacco Use and Dependence"	◦ Seek adoption by state-level partners ◦ Promote use among state-level partners ◦ Periodically assess levels of use by state-level partners	◦ Identify potential users ◦ Promote among local partners ◦ Periodically assess levels of use by local partners
4. Promote availability of the state's "Quitline"	◦ Ask state-level partners to publicize ◦ Include "Quitline" number on appropriate Collaborative documents ◦ Adjust promotion strategies based on initial patterns of use	◦ Promote use by coalition partners ◦ Include "Quitline" number on appropriate coalition documents ◦ Adjust promotion strategies based on initial patterns of use

Reviewing and Developing Model Policies

Question 9: "Saving Lives Through Public Policy: An Environmental Approach to Tobacco Prevention and Control" contained three model policies: one for schools, one for worksites and one for healthcare facilities. Each of these policies needs to be updated. In addition, the South Carolina Tobacco Collaborative would like to develop model policies for use within the faith community and in recreational settings. Please begin this process by dialoguing on the purpose, content and challenge of model policies. Is there conceptual clarity on the purpose of model policies on tobacco control? Please elaborate.

Participants agreed that model policies for tobacco control are important because they provide local communities and organizations with a uniform, proven, effective tool that can be adapted to fit the needs of targeted systems, such as schools, worksites, healthcare facilities, faith-based organizations and recreational settings.

Question 10: Are there key components that should be included in all tobacco control model policies? Please be specific.

Participants identified a number of key components of model tobacco control policies, regardless of setting. These components include a clearly stated rationale to describe the need for a comprehensive policy, clearly stated goals for the policy and specific content to address all ages, all forms of tobacco, and all relevant areas.

Specifically, the policy should place emphasis on the following areas:

+ reducing exposure to ETS and providing support for smoke-free environments;
+ promoting tobacco cessation programs, including referral procedures for individuals who want to quit;
+ offering effective prevention and education programs;
+ placing restrictions on the advertising and promotion of tobacco products, including specific language to prohibit tobacco advertising in relevant areas or on gear, paraphernalia, clothing, etc.;
+ offering graduated sanctions for those who violate the policy; and
+ outlining specific procedures to govern the implementation of the policy, including methods for communicating the policy to relevant audiences, procedures for reviewing the policy on a periodic basis, etc.

Participants agreed that gaining support from leaders, community members and parents is key to the successful adoption and implementation of any policy.

Model Policy for Schools

Question 11: Review the suggestions related to policy development and enforcement in the document titled "School Tobacco Policies," published by the Oregon Department of Human Services. In addition, the handout titled "Comprehensiveness of Substance Use Prevention Programs in U.S. Middle Schools" outlines the seven guidelines from the Centers for Disease Control and Prevention's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction." These are: (a) develop and enforce a school policy; (b) promote short- and long-term negative consequences of use; (c) provide prevention education in grades K-12, but intensify these efforts in middle grades and reinforce them in high school; (d) provide training to teachers; (e) involve parents in support of programs to prevent use; (f) support cessation efforts among students and school staff; and (g) assess the outcomes at regular intervals. Should these key components of a comprehensive school-based approach be included in a tobacco policy for schools? If not, which ones should be included? Are there other evidence-based components in addition to these seven?

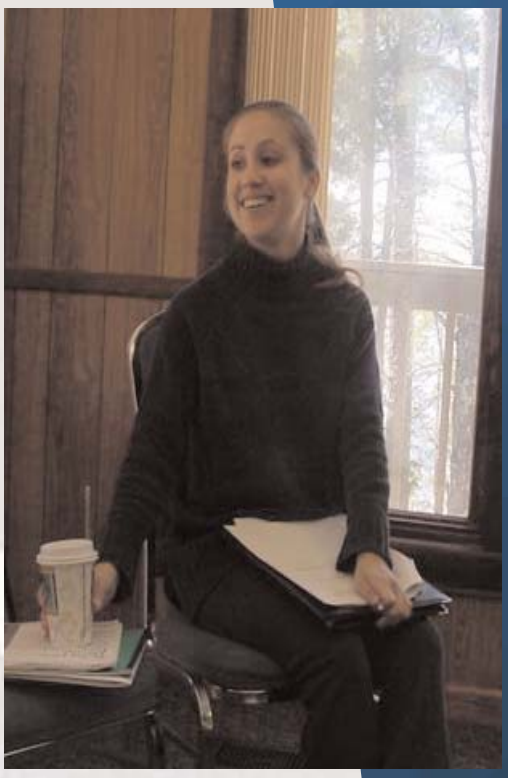
Participants reached consensus that a comprehensive school-based approach should include the seven components listed above. In addition, they noted that the school policy should contain the key elements identified in Question 10. Participants also recommended that students and parents should be involved in all aspects of program development and implementation.

Question 12: Review the model policy for schools from "Saving Lives." If indicated, draft a new model policy for schools, making changes and additions as needed.

Participants reviewed the model school policies found in "Saving Lives, Oregon's School Tobacco Policies" and North Carolina's Tobacco-Free Schools Model Policy and identified from these documents what they recommend as essential components of a model school policy. Following is the model school policy for South Carolina as drafted by the group.

Please see Appendix II for ***Model Tobacco-Free Policy for Schools in South Carolina****.*

Question 13: What challenges face the South Carolina Tobacco Collaborative in implementing model school policies?



Participants began their dialogue on this question by discussing the need for a comprehensive school-based approach to tobacco, recognizing a school policy as a vital component of such an approach. Several challenges were identified to be addressed when working with schools to adopt and implement model policies, including:

+ use of tobacco among school faculty and administration;
+ competing priorities;
+ resistance to change; and
+ lack of authority to adopt and/or enforce the policies.

It was noted that tobacco control advocates find external champions at the local level to advocate for model school policies. In addition, they recognized cultural differences that exist within communities might influence a school's adoption of a model policy.

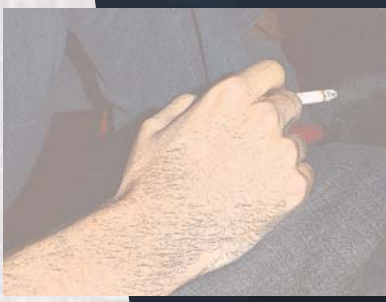
Question 14: What role can your local tobacco coalition play in monitoring the enforcement of a model school policy? Please elaborate.

Participants recognized that local tobacco coalitions are well-positioned to monitor the enforcement of model school policies, primarily because of their broad-based membership, which may include members of the school Parent Teacher Organization/Parent Teacher Association and/or school improvement councils, their access to youth and their flexibility to address the needs of the community.

Question 15: What indicators of progress can be used to evaluate model school policies? Review the checklist for an "Assessment for a Comprehensive Tobacco-Free School Policy" in Oregon's School Tobacco Policies. Please elaborate.

Participants identified the following indicators to evaluate model school policies:

Aspect of Policy	Indicator of Progress
Implementation of Policy	◦ Policy exists and has been adopted (yes/no) ◦ Degree of compliance with policy ◦ Development of an official assessment tool ◦ Amount of signage publicly displayed ◦ Amount of coverage in newspaper ◦ Appearance of policy on school website ◦ Awareness of policy and its components ◦ Degree of administrative and student support
Referral to cessation services	◦ Number of written referrals
Enforcement of policy	◦ Number of infractions ◦ Litter scans (visual assessment of cigarette butts and other tobacco-related litter) ◦ Number of hours of community service ◦ Number of participants in tobacco education programs



In addition to a model school policy, participants determined the need for a resource/toolkit in order to provide the rationale for moving SC towards the adoption & enforcement of consistent policies.

Question 16: Review Oregon's School Tobacco Policies. Should the South Carolina Tobacco Collaborative undertake developing a similar document? Please elaborate on the benefits, if any, to producing such a document.

Participants agreed that a companion document such as a resource/toolkit would provide a rationale for developing a school policy and be beneficial in moving South Carolina toward the adoption of consistent policies. Participants stated that a user-friendly tool would make the job easier for tobacco control advocates by allowing them to focus on promoting the policy rather than developing it.

Model Policy for Worksites

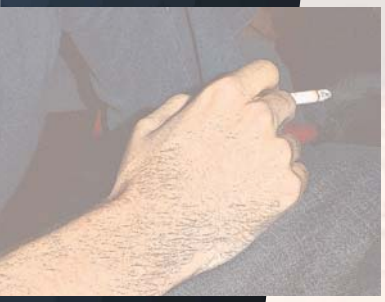
Question 17: What are the essential components of a model tobacco policy for worksites?

Participants identified a number of key components of a model worksite policy. These components include a clearly stated rationale to describe the need for a comprehensive policy, clearly stated goals for the policy and specific content to address all forms of tobacco and all relevant areas (company property and vehicles). Specifically, the policy should place emphasis on the following areas:

+ reducing exposure to ETS and providing support for smoke-free environments;
+ promoting tobacco cessation programs, including referral procedures for individuals who want to quit;
+ enforcing the policy and specifying disciplinary action for violations;
+ offering effective education and awareness trainings; and
+ outlining specific procedures to govern the implementation of the policy, including methods for communicating the policy to relevant audiences, procedures for reviewing the policy on a periodic basis, etc.

Participants agreed that gaining support from owners, managers and employees is key to the successful adoption and implementation of any policy.

Question 18: Review the model policy for worksites from Saving Lives. Does it contain the essential components you identified? If indicated, draft a new model policy for worksites.



Participants reviewed the model worksite policy found in Saving Lives and identified their recommendations for essential components of a model worksite policy.

Please see Appendix III for ***Model Tobacco-Free Policy for Worksites in South Carolina****.*

Question 19: What challenges face the South Carolina Tobacco Collaborative in implementing model worksite policies?

Participants listed the following challenges were identified:

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+ potential bureaucratic "red tape";
+ issues of cultural diversity;
+ employer resistance to change;
+ employer concerns about potential losses of employees, patrons or clients;
+ employer concerns about restricting their own personal habits;
+ employer concerns about lack of time to enforce the policy;
+ employer concerns about potential increased costs or workloads; and
+ lack of employee support for the policy.

Question 20: What role can your local tobacco coalition play in monitoring the enforcement of a model worksite policy? Please elaborate.

The following roles were identified:

+ conducting environmental scans;
+ conducting surveys and interviews;
+ communicating results of monitoring efforts to company management;
+ providing incentives and training for worksites that adopt and implement policies; and
+ advocating for company representatives to become active in local coalition efforts.

Question 21: What indicators of progress can be used to evaluate model worksite policies? Please elaborate.

The following indicators were identified:

Aspect of Policy	Indicator of Programs
Implementation of policy	◦ Policy exists and has been adopted (yes/no) ◦ Degree of compliance with policy ◦ Development of policy evaluation tool ◦ Reduction in employee smoking rates ◦ Amount of signage publicly displayed ◦ Amount of coverage in newspaper ◦ Appearance of policy on company website and/or employee manual ◦ Awareness of policy and components ◦ Degree of company leadership support
Referral to cessation services	◦ Number of employees using “Quitline” or using onsite cessation resources ◦ Number of cessation referrals
Enforcement of policy	◦ Number of infractions

Model Policy for Healthcare Facilities

Question 22: What are the essential components of a model tobacco policy for healthcare facilities?

The components identified include a clearly stated rationale to describe the need for a comprehensive policy, clearly stated goals for the policy and specific content to address all forms of tobacco and all relevant areas (facility property and vehicles). The essential components are:

+ reducing exposure to ETS and providing support for smoke-free environments;
+ promoting tobacco cessation programs, including referral procedures for individuals who want to quit;
+ enforcing the policy and specifying disciplinary action for violations;
+ offering effective education and awareness trainings;
+ assessing, diagnosing and treating nicotine dependence among patients; and
+ outlining specific procedures to govern the implementation of the policy, including methods for communicating the policy to relevant audiences, procedures for reviewing the policy on a periodic basis, etc.

Participants agreed that gaining support from managers and employees is key to the successful adoption and implementation of any policy.

Question 23: Review the model policy for healthcare facilities from Saving Lives. Does it contain the essential components you identified? If indicated, draft a new model policy for healthcare facilities.

Participants reviewed the model policy for healthcare facilities found in Saving Lives and identified their recommendations for essential components of a model policy. Following is the model policy for healthcare facilities in South Carolina as drafted by the participants.

Please see Appendix IV for ***Model Tobacco-Free Policy for Healthcare Facilities in South Carolina****.*

Question 24: What challenges face the South Carolina Tobacco Collaborative in implementing model healthcare facility policies?

The following challenges were identified:

+ potential bureaucratic "red tape";
+ employer resistance to change;
+ employer concerns about potential losses of employees and/or patients;
+ employer concerns about placing restrictions on their own personal habits;
+ employer concerns about lack of time to enforce the policy;
+ employer concerns about potential increased costs or workloads to ensure employee and patient compliance;
+ lack of employee support for the policy;
+ lack of physician support for the policy; and
+ cultural issues.

Question 25: What role can your local tobacco coalition play in monitoring the enforcement of a model healthcare facility policy? Please elaborate.

Participants identified several roles that their local tobacco coalitions could play in monitoring the enforcement of model policies for healthcare facilities. These include:

+ conducting environmental scans;
+ conducting surveys and interviews;
+ communicating monitoring results to facility management;
+ providing incentives and training; and
+ advocating for facility representatives to become involved in local coalition efforts.

Question 26: What indicators of progress can be used to evaluate model healthcare facility policies? Please elaborate.

The following indicators to evaluate model policies for healthcare facilities:

Aspect of Policy	Indicator of Programs
Implementation of policy	◦ Policy exists and has been adopted (yes/no) ◦ Degree of compliance with policy ◦ Development of policy evaluation tool ◦ Reduction in employee smoking rates ◦ Reduction in maintenance costs
Marketing of policy	◦ Amount of signage publicly displayed ◦ Amount of coverage in newspaper ◦ Appearance of policy on company website and/or employee manual ◦ Awareness of policy and its components ◦ Degree of support among facility management
Referral to cessation services	◦ Number of employees using "Quitline" or using cessation resources ◦ Number of cessation referrals ◦ Number of facilities that adopt the "Clinical Practice Guideline for Treating Tobacco Use and Dependence"
Enforcement of policy	◦ Number of infractions

Model Policy for Faith Communities

Question 27: What are the essential components of a model tobacco policy for faith communities?

The components identified include a clearly stated rationale to describe the need for a comprehensive policy, clearly stated goals for the policy and specific content to address all forms of tobacco and all relevant areas (property and vehicles). The essential components are:

+ reducing exposure to ETS and providing support for smoke-free environments;
+ promoting tobacco cessation programs, including referral procedures for individuals who want to quit;
+ enforcing the policy;
+ offering effective education and awareness sessions; and
+ outlining specific procedures to govern the implementation of the policy, including methods for communicating the policy to relevant audiences, procedures for reviewing the policy on a periodic basis, etc.

Participants agreed that gaining support from faith community leaders and members is key to the successful adoption and implementation of any policy.

Question 28: What challenges face the South Carolina Tobacco Collaborative in implementing a model policy within faith communities?

Participants identified the following challenges:

+ lack of faith leader participation in tobacco control efforts;
+ diversity of faith communities;
+ limited resources to reach large numbers of faith communities;
+ lack of support among faith community members;
+ faith community resistance to outside interference;
+ lack of local champions for such policies;
+ cultural differences;
+ resistance to change;
+ low priority of tobacco issues among faith community members; and
+ unwillingness of some faith communities to address perceived political issue.

Question 29: What role can your local tobacco coalition play in monitoring the enforcement of a model policy for faith communities? Please elaborate.

Several roles were recommended for monitoring the enforcement of model policies for faith communities. These include:

+ conducting environmental scans;
+ conducting surveys and interviews;
+ providing technical assistance for faith communities to conduct their own surveillance and evaluation activities;
+ communicating monitoring results to faith community leaders;
+ identifying state-level leadership to support enforcement of the policies;
+ providing incentives and training; and
+ advocating for faith leaders to become involved in local coalition efforts.

Question 30: What indicators of progress can be used to evaluate model policies within faith communities? Please elaborate.

The following indicators were:

Aspect of Policy	Indicator of Programs
Implementation of policy	◦ Policy exists and has been adopted (yes/no) ◦ Degree of compliance with policy ◦ Development of policy evaluation tool ◦ Reduction in smoking rates within faith community ◦ Reduction in maintenance costs
Marketing of policy	◦ Amount of signage publicly displayed ◦ Amount of coverage in newspaper ◦ Appearance of policy in faith community materials ◦ Awareness of and satisfaction with policy and and its components (focus group or survey) ◦ Degree of faith community leadership support
Referral to cessation services	◦ Number of members using "Quitline" or using cessation program ◦ Number of cessation referrals
Enforcement of policy	◦ Number of observed violations of policy

Question 31: Please draft a model tobacco policy for faith communities.

Participants drafted a model policy for faith communities in South Carolina.

Please see Appendix V for ***Model Tobacco-Free Policy for Faith Communities in South Carolina****.*

Model Policy for Recreational Settings

Question 32: What are the essential components of a model tobacco policy for recreational settings?

The components identified include a clearly stated rationale to describe the need for a comprehensive policy, clearly stated goals for the policy and specific content to address all forms of tobacco and all relevant areas (facility property and vehicles).

The essential components are:

+ reducing exposure to ETS and providing support for smoke-free environments;
+ promoting tobacco cessation programs, including referral procedures for individuals who want to quit;
+ enforcing the policy and specifying disciplinary action for violations;
+ placing restrictions on the advertising and promotion of tobacco products, including specific language to prohibit tobacco advertising in relevant areas;
+ offering effective education and awareness programs; and
+ outlining specific procedures to govern the implementation of the policy, including methods for communicating the policy to relevant audiences, procedures for reviewing the policy on a periodic basis, etc.

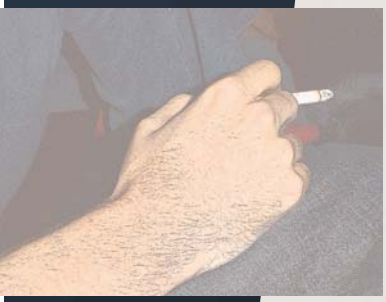
Participants agreed that gaining support from recreational facility staff and patrons is key to the successful adoption and implementation of any policy.

Question 33: What challenges face the South Carolina Tobacco Collaborative in implementing a model policy within recreational settings?

The following challenges were identified:

+ differing types of recreational settings;
+ cultural differences;
+ resistance to change;
+low priority of tobacco issues;
+ difficulty in monitoring large outdoor spaces; and
+ difficulty in recruiting adequate representation from recreational settings to assist with the efforts of the South Carolina Tobacco Collaborative.

Question 34: What role can your local tobacco coalition play in monitoring the enforcement of a model policy for recreational settings? Please elaborate.



Several roles were recommended for monitoring the enforcement of model policies in recreational settings policies. These include:

+ conducting environmental scans;
+ conducting surveys and interviews;
+ providing technical assistance for recreational facilities to conduct their own surveillance and evaluation activities;
+ communicating results of the monitoring efforts to recreational leaders;
+ identifying state-level leadership to support enforcement of the policies;
+ providing incentives and training; and
+ serving as advocates for city and county ordinances to reduce tobacco use in public recreational settings.

Question 35: What indicators of progress can be used to evaluate model policies within recreational settings? Please elaborate.

The following indicators were identified:

Aspect of policy	Indicators of Progress
Implementation of policy	◦ Policy exists and has been adopted (yes/no) ◦ Degree of compliance with policy ◦ Development of policy evaluation tool ◦ Reduction in litter observed
Marketing policy	◦ Amount of signage publicly displayed ◦ Amount of coverage in newspaper ◦ Appearance of policy in facility materials ◦ Awareness of and satisfaction with policy and its components (focus group or survey) ◦ Degree of recreational facilities' leadership support
Referral to cessation services	◦ Number of employees using a "Quitline" or cessation resources ◦ Number of cessation referrals
Enforcement of policy	◦ Number of observed violations of policy

Question 36: Please draft a model tobacco policy for recreational settings.

Please see Appendix VI for ***Model Tobacco-Free Policy for Recreational Facilities in South Carolina****.*

Question 37: Review your response to Question 16. If you recommended that the South Carolina Tobacco Collaborative should develop a document similar to Oregon's School Tobacco Policies, would there be any value in developing a series of such documents relative to each of the other areas (worksites, faith communities, healthcare facilities and recreational settings) in an effort to advance these policy initiatives at the state and community levels? Please elaborate.

Participants agreed that it would be helpful to their efforts for the South Carolina Tobacco Collaborative to develop companion documents to the model policies, similar to Oregon's School Tobacco Policies. Such documents could provide supporting information about the reasons for having policies; include surveys for evaluating effectiveness of the policies; and include existing research to document the effectiveness of the policies. Participants viewed this type of document as a way to promote the development and implementation of comprehensive approaches that could help impact social norms.

Question 38: What action(s) can your local tobacco coalition and the South Carolina Tobacco Collaborative take (individually and jointly) to immediately impact policies to reduce tobacco use and what action(s) can be taken within the next two years?

Participants concluded their dialogue by reflecting on their policy discussions and recommending the following actions that can be undertaken both immediately and within the next two years by the South Carolina Tobacco Collaborative and the local tobacco coalitions to impact policies to reduce tobacco use.

Conclusion

Coalition	Immediate Action	Actions Within Two Years
Local Tobacco Coalitions	◦ Identify local champions ◦ Recruit new advocates ◦ Mobilize grassroots efforts ◦ Educate community and partners ◦ Generate media attention ◦ Advocate use of model policy document	◦ Identify local champions ◦ Recruit new advocates ◦ Mobilize grassroots efforts ◦ Educate community ◦ Generate media attention ◦ Compare changes against baseline information ◦ Pass the "Smoke-Free Charleston" initiative ◦ Enact more smoke-free campus and school policies
South Carolina Tobacco Collaborative	◦ Recruit key state-level partners ◦ Educate policymakers ◦ Generate media attention ◦ Ensure policy documents are completed, printed and distributed ◦ Promote use of model policy documents with decision-makers and policymakers	◦ Recruit key state-level partners ◦ Educate policymakers ◦ Generate media attention ◦ Highlight policy success stories to gain support from those initially hesitant ◦ Reassess progress on model policies ◦ Raise excise tax on cigarettes to $1 per pack

Editor's Note: The South Carolina Tobacco Collaborative has an adopted Strategic Plan.

Please see Appendix VII for ***Five Year Strategic Plan for Tobacco Prevention and Control.***

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Appendices

Appendix I: South Carolina Tobacco Policy Forum Participants

Appendix II: Model Tobacco-Free Policy for Schools in South Carolina

Appendix III: Model Tobacco-Free Policy for Worksites in South Carolina

Appendix IV: Model Model Tobacco-Free Policy for Healthcare Facilities in South Carolina

Appendix V: Model Tobacco-Free Policy for Faith-Based Organizations in South Carolina

Appendix VI: Model Tobacco-Free Policy for Recreational Facilities in South Carolina

Appendix VII: Five-Year Strategic Plan for Tobacco Prevention and Control

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Appendix II

Model Tobacco-Free Policy for Schools in South Carolina

Purpose

According to the U.S. Surgeon General's Report of 1986, the Environmental Protection Agency of 1992, the South Carolina Clean Indoor Air Act of 1990, and the Federal Pro-Children Act of 1994, tobacco use and exposure to secondhand smoke (environmental tobacco smoke) are hazardous to the health of human beings, especially children. The _____ School District Board of Education reaffirms that one of the best methods of instruction is one that is provided within a 100% tobacco-free, smoke-free environment.

Goals

The goal of this policy is to provide a 100% tobacco-free, smoke-free environment for all students, staff, and visitors within all of its facilities, vehicles, grounds and at all sponsored events. This goal will be achieved by:

+ Exhibiting healthy behavior for all students, staff, visitors, and the entire community;
+ Utilizing proven and effective science-based tobacco use prevention curricula; and
+ Providing access to cessation counseling or referral services for all students and staff.

Procedures

As a school district within the State of South Carolina, we will:

+ Prohibit the use and/or possession of all tobacco products or paraphernalia including but not limited to cigarettes, cigars, pipes, bidis, kreteks, smokeless tobacco and snuff by all students, staff, and visitors.
+ Ensure that tobacco use prevention programs, as recommended by the South Carolina Department of Health and Environmental Control, the South Carolina Department of Alcohol and Other Drug Abuse Services and the South Carolina Department of Education, are an integral part of its substance abuse prevention efforts.
+ Provide and/or refer to cessation services separately for students and staff.

Enforcement

The _____ School District will enforce this policy by determining appropriate disciplinary actions for violators (students, faculty, visitors). Actions may be inclusive of the following:

+ Students: parent/administrator conferences, mandatory enrollment in a tobacco prevention education, monetary fines, community service, in-school suspension, out of school suspension, and suspension from extracurricular activities.
+ Staff: verbal reprimands, written notification placed in personnel file, suspension, and mandatory enrollment in a tobacco education program or voluntary enrollment in a cessation program.
+ Visitors: verbal requests to leave school property, forfeiture of any fee charged for admission, and prosecution for disorderly conduct after repeated offenses.

Education and Assistance

As a school-based institution, we will be responsible for utilizing proven and effective science-based tobacco use prevention curricula to educate all students and provide assistance and/or make appropriate cessation referrals.

Tobacco Industry Marketing or Sponsorship

The district will not accept any contributions or gifts, money or materials from the tobacco industry. This district will not participate in any type of services that are funded by the tobacco industry. In addition, any gear, paraphernalia, clothing, etc., that advertises tobacco use or tobacco products will not be allowed on school grounds or in the possession of faculty, staff or students at school-sponsored events.

Model Tobacco-Free Policy for Worksites in South Carolina

Purpose

According to the U.S. Surgeon General's Report of 1986, the Environmental Protection Agency of 1992, the South Carolina Clean Indoor Air Act of 1990, and the Federal Pro-Children Act of 1994, tobacco use and exposure to secondhand smoke (environmental tobacco smoke) are hazardous to the health of human beings. This worksite, _____ will provide a 100% tobacco-free, smoke-free environment.

Goals

The goal of this policy is to provide and enforce a 100% tobacco-free, smoke-free environment for all employees, contractors, and visitors within its facilities, vehicles, grounds and at all sponsored events. This goal will be achieved by the leadership/management being supportive in:

+ Exhibiting healthy behavior for all employees, contractors, and visitors.
+ Providing appropriate tobacco cessation educational materials; and
+ Providing access to cessation counseling or referral services for all employees.

Procedures

As a worksite in South Carolina, we will:

+ Prohibit the use and/or sale of all tobacco products including but not limited to cigarettes, cigars, pipes, smokeless tobacco and snuff by all employees, contractors, and visitors.
+ Ensure that tobacco use prevention programs and cessation services/referrals are an integral part of its human services, and health/wellness initiatives.
+ Provide assistance for cessation services/referrals as deemed appropriate on an individual basis.
+ Display appropriate signage in all areas (facilities, grounds, and vehicles), and provide policy in writing (contracts, orientation manuals, performance evaluations, etc.) to all employees, contractors, and visitors.

Enforcement

This worksite, _____ will enforce this policy by determining appropriate disciplinary actions for violators (employees, contractors, and visitors). Actions may be inclusive of the following:

+ Employees: verbal reprimands, written notification placed in personnel file, suspension, and mandatory enrollment in a tobacco education program or voluntary enrollment in a cessation program.
+ Contractors: written notification of policy violation, possible cancellation of contracts, request to leave property.
+ Visitors: verbal requests to not use tobacco products, request to leave property, and prosecution for disorderly conduct after repeated offenses.

Education and Assistance

As a worksite, leadership/management will be responsible for educating employees, contractors and visitors about the new policy and provide assistance for compliance.

Tobacco Industry Marketing or Sponsorship

This worksite, _____ will not accept any contributions or gifts, money or materials from the tobacco industry or related companies. Also, this worksite will not participate in any type of functions that are funded by the tobacco industry. In addition, any gear or clothing that advertises tobacco use or tobacco products will not be allowed on worksite grounds.

Model Tobacco-Free Policy for Healthcare Facilities in South Carolina

Goals

The goal of this policy is to provide and enforce a 100% tobacco-free, smoke-free environment for all employees, patients, visitors, and contractors within its facilities, vehicles, grounds and at all sponsored events. This goal will be achieved by the leadership/management being supportive in:

+ Exhibiting healthy behavior for all employees, contractors, and visitors;
+ Providing appropriate tobacco cessation educational materials; and
+ Providing access to cessation counseling and/or referral services.

Purpose

According to the U.S. Surgeon General's Report of 1986, the Environmental Protection Agency of 1992, the South Carolina Clean Indoor Air Act of 1990, and the Federal Pro-Children Act of 1994, tobacco use and exposure to secondhand smoke (environmental tobacco smoke) are hazardous to the health of human beings, especially children, elderly and pregnant mothers. As providers of healthcare services, preventing the use of tobacco products is consistent with our mission to improve the health of our community. This healthcare facility, _____ will provide a 100% tobacco-free, smoke-free environment.

Procedures

This facility will:

+ Display appropriate signage in all areas (facilities, grounds, and vehicles), and provide policy in writing (contracts, orientation manuals, performance evaluations, etc.) to all employees, contractors, and visitors.
+ Incorporate the use of the "Clinical Practice Guideline for Treating Tobacco Use and Dependence" into the patient screening process.
+ Prohibit the sale of all tobacco products.
+ Prohibit the use of tobacco products by employees, patients, visitors and contractors while on the grounds, in any buildings and in any facility vehicles;

Enforcement

This healthcare facility, _____ will enforce this policy by determining appropriate disciplinary actions for violators (employees, patients, visitors and contractors). Actions may be inclusive of the following:

Employees: verbal reprimands, written notification placed in personnel file, suspension, and mandatory enrollment in a tobacco education program or voluntary enrollment in a cessation program.
+ Patients: verbal reprimands to comply with healthcare policy, and possible denial of services.
+ Visitors: verbal requests to not use tobacco products, request to leave property, and prosecution for disorderly conduct after repeated offenses.
+ Contractors: written notification of policy violation, possible cancellation of contracts, request to leave property.

Education and Assistance

As a healthcare facility, all areas of leadership/management will be responsible for assuring employees, patients, contractors, and visitors are aware about the new policy and provide assistance for compliance by:

+ Providing reimbursement and other incentives for participation in smoking cessation programs;
+ Providing coverage of smoking cessation programs through the employee health insurance plan.

Tobacco Industry Marketing or Sponsorship

This healthcare facility, _____ will not accept any contributions or gifts, money or materials from the tobacco industry or related companies. Also, this healthcare facility will not participate in any type of functions that are funded by the tobacco industry. In addition, any gear or clothing that advertises tobacco use or tobacco products will not be allowed on worksite grounds.

Model Tobacco-Free Policy for Faith-Based Organizations in South Carolina

Purpose Statement

According to the U.S. Surgeon General's Report of 1986, the Environmental Protection Agency of 1992, the South Carolina Clean Indoor Air Act of 1990, and the Federal Pro-Children Act of 1994, tobacco use and exposure to secondhand smoke (environmental tobacco smoke) are hazardous to the health of human beings. As a faith-based institution/group, we are dedicated to improving the health and well-being of our congregational members and community residents. We recognize that tobacco in any form is a major cause of preventable disease and death in this state and country. It also has been acknowledged as a fire hazard. Thus, smoking is prohibited in this facility, its vehicles and at any of its sponsored events and functions on or off its property, by all people (pastors, employees, members, visitors, contractors, delivery drivers, etc.).

Goals

The goals of this policy are to provide a safe, healthy environment for our congregational members, employees, visitors, and community residents. These goals will be achieved through efforts designed to:

+ Exhibit model smoke-free behavior for our youth and adults;
+ Eliminate exposure to environmental tobacco smoke (ETS)
+ Provide information on and/or promote smoking cessation programs for those in need;
+ Reduce fire hazards

Procedures

As a faith-based institution, we will:

+ Prohibit tobacco use in or on any of the grounds of the institution, and vehicles.
+ Prohibit tobacco use within 25 feet of all entrances, windows and exits.
+ Prohibit tobacco use except in specific designated locations.

As a faith-based group, we will:

+ Prohibit tobacco use at meetings, conferences or any sponsored program activities
+ Support the prohibition of tobacco use by sponsoring tobacco-related educational sessions.
+ Educate all group members regarding the harm of tobacco use.

Enforcement

As a faith-based institution/group, we will be responsible for enforcing this policy and determining the appropriate sanctions for violations of the policy.

Education and Assistance

As a faith-based institution/group, we will be responsible for providing support, educational sessions and materials, and referrals for cessation services.

Tobacco Industry Marketing or Sponsorship

As a faith-based institution/group, we will not accept any sponsorship from any tobacco-related producers or marketers. In addition, we will not allow tobacco advertising on gear or other paraphernalia at any function/activity.

Model Tobacco-Free Policy for Recreational Facilities in South Carolina

Purpose

According to the U.S. Surgeon General's Report of 1986, the Environmental Protection Agency of 1992, the South Carolina Clean Indoor Air Act of 1990, and the Federal Pro-Children Act of 1994, tobacco use and exposure to secondhand smoke (environmental tobacco smoke) are hazardous to the health of human beings. This recreational setting, _____ will provide a 100% tobacco-free, smoke-free environment.

Goals

The goal of this policy is to provide and enforce a 100% tobacco-free, smoke-free environment for all park patrons, management, employees, and contractors within its facilities, vehicles, grounds, playing fields, and at all sponsored events. This goal will be achieved by the leadership/management being supportive in:

+ Exhibiting healthy behavior;
+ Providing appropriate tobacco cessation educational materials for employees; and
+ Providing access to cessation counseling and/or referral services for employees.

Procedures

+ Prohibit the use and/or sale of all tobacco products including but not limited to cigarettes, cigars, pipes, smokeless tobacco and snuff on facilities, grounds, vehicles.
+ Ensure that tobacco use prevention programs and cessation services/referrals are an integral part of its human services, and health/wellness initiatives.
+ Provide assistance to employees for cessation services/referrals as deemed appropriate on an individual basis.
+ Display appropriate signage in all areas (facilities, grounds, and vehicles), and provide policy in writing (contracts, orientation manuals, performance evaluations, sports registration forms, coaching contracts, etc.).

Enforcement

This recreational facility, _____ will enforce this policy by determining appropriate disciplinary actions for violators (employees, contractors, and park patrons). Actions may be inclusive of the following:

+ Employees: verbal reprimands, written notification placed in personnel file, suspension, and mandatory enrollment in a tobacco education program or voluntary enrollment in a cessation program.
+ Contractors: written notification of policy violation, possible cancellation of contracts, request to leave property.
+ Park Patrons: verbal requests to not use tobacco products, request to leave property, prosecution for disorderly conduct after repeated offenses, and possible loss of facility privileges.

Education and Assistance

As a recreational facility, leadership/management will be responsible for educating employees, contractors and visitors about the new policy and provide assistance for compliance.

Tobacco Industry Marketing or Sponsorship

This recreational facility, _____ will not accept any contributions or gifts, money or materials from the tobacco industry or related companies. Also, this will not participate in any type of functions that are funded by the tobacco industry. In addition, any gear or clothing that advertises tobacco use or tobacco products will not be allowed on playing fields.

Five-Year Strategic Plan for Tobacco Prevention and Control

GOAL 1. DEVELOP STATE PROGRAM INFRASTRUCTURE.
GOAL 2. ELIMINATE EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE.
GOAL 3. PROMOTE QUITTING AMONG ADULTS.
GOAL 4. PREVENT INITIATION AND PROMOTE QUITTING AMONG YOUTH.
GOAL 5. IDENTIFY AND ELIMINATE DISPARITIES AMONG POPULATIONS.

GOAL 1. DEVELOP STATE PROGRAM INFRASTRUCTURE

State Plan Strategic Objectives:

1.1 By June 30, 2007, incorporate tobacco program goals into the State's public health agenda.

Outcomes:
+ Ensure that objectives that address tobacco-use prevention, education, cessation, environmental policy changes, and tobacco-related disparities are included in the DHEC Strategic and Health Services Operational Plans.
+ Ensure that adequate funding and staffing are maintained for the management and implementation of tobacco prevention and control programs at state and local levels.
+ Increase the proportion of communities that have established initiatives that address Healthy People 2010 tobacco use goals and objectives.

1.2 By June 30, 2007, incorporate tobacco program goals as part of the State's substance abuse prevention, intervention and treatment agenda.

Outcomes:
+ Ensure the inclusion of goals that address tobacco-use prevention, education, cessation, environmental policy changes, and tobacco-related disparities in the mission and scope of services provided by the Department of Alcohol and Other Drug Abuse Services and the Statewide System of County Alcohol and Other Drug Abuse Authorities.
+ Ensure that adequate funding and staffing are maintained for the management and implementation of tobacco prevention and control programs provided by the substance abuse services providers.

1.3 By June 30, 2007, actively support collaborative partners and advocacy groups in developing healthy communities that are smoke-free.

Outcomes:
+ Increase the number of communities that are represented by smoke-free or tobacco-free coalitions.
+ Increase and enhance partnerships, communication, and promote smoke-free policy with statewide advocacy and community groups, the business sector, federal, state and local governments, healthcare providers, public school systems, and academic institutions.

1.4 By June 30, 2007, promote a continued and sustained statewide tobacco control network, the SC Tobacco Collaborative.

Outcomes:
+ Increase the number and quality of culturally competent training and professional development opportunities for staff and program partners.
+ Increase the level and quality of community involvement and local program linkages.
+ Increase the number of community partners that have the capacity to perform tobacco-related resource and community health assessments.
+ Educate public on characteristics and benefits of an adequately funded state tobacco control program.

1.5 By June 30, 2007, enlist visible support from state officials and policy makers for tobacco control goals.

Outcomes:

+ Increase communication with the Governor's Office about tobacco-related health needs and disparities in the State.
+ Increase policy makers' knowledge about the importance of tobacco-related health needs and disparities in the State.
+ Identify policy makers willing to support program goals.
+ Increase advocacy and communication skills of state and local level partners.
+ Enlist policymaker support to secure CDC-minimum funding recommendation for state tobacco control program.

1.6 By June 30, 2007, establish an ongoing system of evaluation, monitoring and feedback related to tobacco indicators to assure program accountability.

Outcomes:

+ Increase the number and sensitivity of systematic mechanisms that measure effectiveness of program interventions, track program progress, and assure that adequate and timely feedback is provided and utilized for program improvement at state and local levels.

1.7 By June 30, 2007, establish a broadly representative state coalition/collaborative to oversee implementation of the Five-Year Strategic Plan for Tobacco Prevention and Control.

Outcomes:

+ Increase communication and information-sharing mechanisms for state and local agencies and organizations engaged in tobacco prevention and control.
+ Recruit and train culturally competent messengers and develop culturally relevant messages.
+ Increase participation of organizations that represent diverse communities in tobacco-use prevention and control.
+ Increase number of collaborative projects among coalition partners.

GOAL 2. ELIMINATE EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE (ETS).

State Plan Strategic Objectives:

2.1 By June 30, 2007, expand the public's awareness of and involvement in the elimination of environmental tobacco smoke.

Outcomes:

+ Increase public messages about the harmful effects of ETS.
+ Increase the percentage of communities that participate in a local smoke-free coalition.

2.2 By June 30, 2007, protect the health of populations at greatest risk of exposure to environmental tobacco smoke.

Outcomes:

+ Identify and develop demographic and geographic profiles and assess the health needs of populations at greatest risk of exposure to ETS.
+ Increase participation of groups representing populations at greatest risk for exposure to ETS devising advocacy and policy change efforts.
+ Increase the number of public education campaigns targeted toward identified ETS at-risk groups.
+ Increase the number of Pediatricians and General Practitioners who routinely assess ETS exposure and smoking behavior for patients.
+ Reduce the number of at-risk groups that suffer poor health outcomes from ETS exposure, to include pregnant women, infants and children, residents of multi-unit, high-density dwellings to include public housing communities, and employees in work sites with high levels of secondhand smoke.

+ Increase the number of households and vehicles in South Carolina that are smoke-free.
+ Modify existing regulations to address tobacco-related issues for people with disabilities.

2.3 By June 30, 2007, strengthen provisions in the South Carolina Clean Indoor Air Act.

Outcomes:
+ Increase public knowledge of the statutes regulating clean indoor air.
+ Eliminate the preemption clause in the State's Title 16. Crimes and Offenses, Chapter 17.
+ Offenses against Public Policy, Supplying Minors with Tobacco or Cigarettes law.

2.4 By June 30, 2007, work with local governments to address tobacco-related health and environmental issues that affect their communities.

Outcomes:
+ Increase the number of local governments with smoke-free ordinances and environmental tobacco smoke prevention initiatives.
+ Increase the efforts to enforce local ordinances on smoking in public spaces.
+ Increase the number of private work sites adopting smoke-free policies.
+ Increase the number of activities to monitor and ensure indoor air quality.

GOAL 3. PROMOTE QUITTING AMONG ADULTS

State Plan Strategic Objectives:

3.1 By June 30, 2007, promote healthy behaviors among all adults.

Outcomes:
+ Increase the number of cessation attempts by adult smokers.
+ Increase the percentage of adults who successfully quit smoking or using tobacco products.

3.2 By June 30, 2007, expand the public's knowledge of smoking cessation programs and pharmacological treatments for nicotine addiction.

Outcomes:
+ Compile, update, and disseminate electronically a resource listing of proven and effective smoking cessation programs at the national, state, and local level and pharmacological aids for the treatment of nicotine addiction.
+ Increase public messages about the benefits of quitting smoking or eliminating the use of other tobacco products.
+ Increase the level of public accessibility to smoking cessation programs.

3.3 By June 30, 2007, work with physicians and other health care professionals to encourage cessation of smoking and tobacco use among their patients.

Outcomes:
+ Increase the percentage of physicians and other health care professionals who are trained to identify, counsel, and treat patients who smoke or use tobacco products.
+ Increase the percentage of patient referrals made by physicians or other health care professionals to smoking cessation programs or other interventions.
+ Work with physicians and other health care professionals to reduce disparities in patient referrals for pharmacological aids.

3.4 By June 30, 2007, work with businesses to address the cessation needs of employees who smoke.

Outcomes:
+ Assess the number and identify worksites that offer smoking cessation services for employees.
+ Increase the number of work sites providing smoking cessation programs to all employees.

3.5 By June 30, 2007, work with health insurers and health maintenance organizations to address health coverage needs for smokers who desire to quit.

Outcomes:

+ Increase the number of health insurers and health maintenance organizations that provide full health insurance reimbursement for smoking cessation programs, including pharmacological aids.
+ Establish full Medicaid reimbursement for smoking using proven effective cessation programs and pharmacological aids.

3.6 By June 30, 2007, strengthen efforts to promote smoke-free environmental policies as a means to encourage cessation.

Outcomes:

+ Increase the percentage of homes, healthcare settings, work sites, restaurants, recreational facilities, schools, and community buildings and community events that are smoke-free and tobacco-free.
+ Increase collaboration with agencies and organizations that work with air quality issues.

GOAL 4. PREVENT TOBACCO USE INITIATION AND PROMOTE QUITTING AMONG YOUTH

State Plan Strategic Objectives:

4.1 By June 30, 2007, promote tobacco-free behaviors among children and youth.

Outcomes:

+ Reduce the percentage of children and youth who initiate tobacco use.
+ Increase the number of communities targeted for counter-advertising and counter-marketing tobacco campaigns oriented toward youth.
+ Increase the average age of first use of tobacco products by adolescents and young adults.
+ Increase disapproval of smoking and tobacco use among adolescents.

4.2 By June 30, 2007, promote youth involvement in tobacco use issues.

Outcomes:

+ Increase the percentage of youth involved in the development and production of state and local media campaigns aimed at reducing tobacco use among their peers.
+ Increase the number of youth involved in tobacco control advocacy activities, media literacy programs, and youth leadership training.
+ Increase the number of local tobacco control coalitions having youth advisory boards and youth representation and involvement.
+ Increase youth participation representing groups targeted in tobacco industry media marketing.

4.3 By June 30, 2007, promote the role of the family and community in nurturing healthy tobacco-free lifestyles in their children and youth.

Outcomes:

+ Increase messages about risks and prevalence of youth tobacco use and the importance of preventing early use of tobacco.
+ Increase the number of physicians, nurses, and clinics who serve as a credible source for information and education about tobacco use issues.
+ Increase messages targeting parents and families about their level of influence in preventing the first use of tobacco products by their children and youth.
+ Increase the number of youth tobacco use public awareness and education campaigns targeted at parents and the community.
+ Increase the number of extracurricular activities available to youth that encourage healthy lifestyle choices.

4.4 By June 30, 2007, work with schools and youth-sponsored organizations to address youth smoking and tobacco use issues.

Outcomes:

+ Increase the percentage of public school districts that use proven and effective tobacco-use prevention curricula.

Increase the percentage of school districts and youth programs that offer proven and effective tobacco media literacy training.

+ Increase the percentage of schools, organizations, and youth that promote or participate in youth tobacco prevention efforts.

+ Increase the percentage of private schools and other educational facilities providing proven and effective tobacco-use prevention curricula.

+ Increase percentage of school districts with 100% tobacco-free campus policies that are enforced.

4.5 By June 30, 2007, work with state and local governments to address measures to reduce youth smoking and tobacco use.

Outcomes:

+ Increase the excise tax on tobacco products.

+ Increase the level of enforcement of tobacco sales to minors.

+ Reduce the percentage of retail outlets that sell tobacco products to minors.

+ Eliminate tobacco vending machines in locations accessible to children and youth.

+ Require licensing of all vendors who sell tobacco products.

4.6 By June 30, 2007, promote healthy behaviors among all youth.

Outcomes:

+ Increase the number of cessation attempts by young smokers.

+ Increase the percentage of youth who successfully quit smoking or using tobacco products.

4.7 By June 30, 2007, work with schools to address the cessation needs of students who smoke.

Outcomes:

+ Increase the percentage of school districts providing adolescent cessation programs as a positive alternative to student violations of tobacco-free policies.

+ Increase the percentage of private schools and other educational facilities providing cessation programs.

GOAL 5. IDENTIFY AND ELIMINATE DISPARITIES AMONG POPULATIONS.

State Plan Strategic Objectives:

5.1 By June 30, 2007, identify disparities in illness, disability and premature deaths from chronic diseases and environmental hazards caused by tobacco use.

Outcomes:

+ Identify and develop demographic and geographic profiles of diverse populations in South Carolina that experience the greatest health disparities from tobacco use or tobacco exposure.

+ Develop intervention plans based on specific needs of targeted disparate populations, including African Americans, Hispanics, Native Americans, and Asians, Medicaid recipients, pregnant women, and parents of children 0-5.

5.2 By June 30, 2007, expand the public's awareness of and involvement in tobacco disparity issues.

Outcomes:

+ Increase cultural competent messages and culturally competent messengers in each community as they relate to effective tobacco-use prevention, control, and cessation strategies.

+ Increase public messages about the disparities among certain populations experiencing the greatest adverse health effects from tobacco.

+ Increase the percentage of targeted communities that participate in advocacy groups that represent disparate groups, such as the SC African American Tobacco Control Network (SCAATCN) and Hispanic Outreach.

5.3 By June 30, 2007, eliminate disparities among populations experiencing the greatest adverse health impacts from tobacco.

Outcomes:

+ Reduce identified barriers to access for tobacco-related care and services among targeted populations.
+ Increase the level of public education, media campaigns and counter-marketing efforts targeted toward identified groups experiencing the greatest health disparities from tobacco use or tobacco exposure.
+ Reduce the number of persons who suffer the greatest health disparities from tobacco use or tobacco exposure, including infants, children, youth and adults.